

Lessons From the Practice

Doctors, Patients, and Fear

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It is my experience that if there is one common denominator among all of our patients, that commonality is most certainly fear: fear of the illness, fear of the unknown, fear of the loss of control over one's own life, and—I hate to admit it—fear, as well, of the physician. The physician has come to symbolize the figure of knowledge, of authority, of control. It takes a strong patient to stand up and demand to know, or question what we have said, or question what we have not said. And, oftentimes when the patient is strong enough to question us, we take offense and consider the patient difficult. Patients are afraid, and our actions do not encourage them to ask those questions that might alleviate their fear. They do not want to offend us. Let me illustrate.

Several years ago, a patient was referred to me, a middle-aged man who had been diagnosed as having malignant lymphoma. He was a dean of a nearby college, with a PhD in psychology, so we may assume that he was well-educated and quite psychologically aware. When he was told that he had a malignancy, he had difficulty in coping. He refused to believe that he had lymphoma, and he refused the chemotherapy that was offered. He went to many doctors, seeking someone, I am sure, who would tell him that he did not have lymphoma at all. In this setting, he eventually found a "doctor" who was, in fact, a fraud, a "cancer quack" who is currently in jail for this crime. In any event, this person said to the patient that he had a treatment that was guaranteed to cure him forever if he took it; without such treatment, he guaranteed that the patient would be dead in two months. The "quack" wanted \$60,000 cash to begin, and the patient, even though he was extremely well-educated, was frightened to the extent that he did not understand and could not see how absurd these claims really were. The patient put a lien on his house to get the required money, and at that point his wife sought help from the Cancer Information Service. It is from this service that the patient was referred to me.

When the patient first entered my office, he was extremely ill at ease—sweating, pacing, and so forth. He had a large lymph node mass that was visible and that seemed to be pressing on his trachea so that it was somewhat difficult for him to speak. I began by educating. I explained what lymphoma is, what chemotherapy is, what side effects are, what were the expectations of this treatment, and so on. I wrote everything down, as I usually do. We went over all the patient's questions and the answers to those questions, and, at the conclusion of several hours, the patient said to me that he had been convinced and that he wanted to go ahead and get started with the chemotherapy treatment right then. I could not do it, simply because I did not have all the tests and radiographs that were required. An arrangement was made

that we would obtain the needed tests, and the patient would come back to me in two days' time. In the meantime, I examined him and carefully wrote down all of the disease parameters—all of the lumps and bumps—recording the dimensions of these various lesions so that I could follow them in time to ascertain the effectiveness of the therapy. The large lymph node in his neck, for example, measured about 9 cm in diameter, while his spleen was 12 cm below the left costal margin.

When the patient returned 48 hours later, he looked better. He was not sweating or pacing anymore; he looked more relaxed and comfortable. The first thing he said to me was that I should measure the lumps because he thought they had gotten smaller. I was intrigued and extremely impressed with what I found: the cervical tumor mass that had measured 9 cm only two days before was now 5 cm, and the spleen, which had been 12 cm from the costal margin, was now 9 cm. In other words, both masses had become significantly smaller during that two-day period. I said to him, "Darn, if only I had started the chemotherapy on Wednesday, I could have proved to you that it works." He replied that I had started the treatment on Wednesday—and the treatment was education and peace of mind. Apparently, when his mind was at ease, as opposed to stressed and frightened, some chemical or immunologic event must have occurred, which apparently has a positive effect on malignant lymphoma.

What did this patient teach me? Many things, obviously. First, though, he taught me that all patients are afraid, whether or not they are educated, whether or not they are actually aware of that fear and able to voice it. I also learned that a patient who is afraid is very likely to do poorly when compared with a patient who is comfortable and at peace with the situation at hand. This patient taught me something else, though. He taught me how valuable the time spent in education can be. To educate the patient is to begin to alleviate the underlying fear. After all, in the final analysis, we are all afraid of the unknown.

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

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